

7707

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3916

-62-016590

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED APR 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN St. Louis

Length of stay in 1b

20yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS

4236 W. Page

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Harvey

Bobo

4. DATE
OF
DEATH

Month

Day

Year

4

10

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-25-97

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days

3

15

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10b. KIND OF BUSINESS OR INDUSTRY

Indian Bay

Ark

11. BIRTHPLACE (City and state or country)

U S A

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Randle Bobo

13b. MOTHER'S MAIDEN NAME

Leana Mayo

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles Bobo Marvell, Ark

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Azotemia

INTERVAL BETWEEN
ONSET AND DEATH

Undet.

DUE TO (b)

Urinary Tract Obstruction

Undet.

DUE TO (c)

Carcinoma of Prostate

172x

Undet.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-5-62

to

4-10-62

and last saw him alive on

4-10-62

Death occurred at

9:50

a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Marle B. Skifford M.D.

22b. ADDRESS

2601 N. Whittier St.

22c. DATE SIGNED

4-11-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-13-1962

23c. NAME OF CEMETERY OR CREMATORY

St. John Cemetery

23d. LOCATION (City, town, or county)

Monroe

Co

Ark

24. FUNERAL DIRECTOR

ADDRESS

JAS H. RANDLE & SON 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.

APR 13 1962

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Esther H. Harries

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.